

CLUSION: The association of cost-effectiveness dimensions may provide us with an estimated measure of EAPs' ability to resolve issues, between centres and UBAs. In general, a direct association holds between the efficiency index and higher effectiveness of interventions. The data must be assessed cautiously with reference to the external validity of the study.

PHP41

AN ASSESMENT OF TWO IRANIAN SOCIAL SECURITY ORGANIZATION HOSPITALS PERFORMANCE BASED ON THE EFQM MODEL

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OBJECTIVES: During recent years, due to the importance of health services, health care managers attend to increase of hospital services quality. The European Foundation for Quality Management (EFQM) Excellence Model was performed as a competition framework to recognition of achievement to organizational quality, performance excellence and growth of organizational knowledge about quality and performance excellence. **METHODS:** The method of this research is descriptive and cross-sectional. This research had been done in Alborz and panzdah khordad varamin hospitals. Data gathering tool was the EFQM questionnaire that had been completed during group working sessions, interview with leaders of the hospitals and referring to necessitous units. Research data had been gathered according to nine criteria of in the hospitals. **RESULTS:** Findings had been showed that Alborz hospital has had the higher score in leadership criterion (46.1%), policy and strategy (50.6%) processes (61%). Panzdah khordad hospital has had the higher score in people (47.39%), partnership and resources (49.5%), customer results (46.1%), people results (39%), society results (40.6%) and key performance results (56.25%). Totally, the finding shows that Panzdah khordad hospital had been higher score 471.56 and then Alborz hospital with 439.55 scores. **CONCLUSION:** Assessment of hospital performance based on The EFQM Model is the first empirical experience in Iranian hospitals. The findings have showed that European Organizational Excellence Model is very applicable in health care. Benchmark and supervision to hospital performance will be possible by using the model especially in management attention and follow up to hospital. The assessment gave an overall picture of the organization and was a first step to introduce a systemic view and a common view.

ARTHRITIS INCLUDING SKELETAL ISSUES

PAR1

COST-EFFECTIVENESS ANALYSIS OF ETANERCEPT VS INFlixIMAB FOR TREATMENT OF SEVERE RHEUMATOID ARTHRITIS IN BRAZIL

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OBJECTIVE: To compare the cost-effectiveness of etanercept + methotrexate (MTX) and infliximab + MTX for the treatment of severe rheumatoid arthritis (SRA) patients in Brazil. **METHODS:** An analytic-decision model for projecting the annual costs of treating SRA in Brazil was developed considering local procedures and a payer perspective. The clinical effectiveness was based on American College of Rheumatology criteria for 20% (ACR20), 50% (ACR50), and 70% (ACR70). For infliximab a 70 kg patient was considered. The data used in the analysis were obtained from public sources: Official Price List; products labels; Official Physicians Fees List and local articles published in indexed journals. To ensure similarities in

patient profile, the ACR20, 50, 70 responses from: Weinblatt, 1999 (etanercept) and Maini, 1999 (infliximab) were chosen for the effectiveness measures. **RESULTS:** For the annual treatment cost, Infliximab 10 mg/kg every 4 weeks (INF.10/4 = R\$255,935) was the most expensive therapy followed by infliximab 10 mg/kg every 8 weeks (INF.10/8 = R\$148,284); etanercept 50 mg every week (ETA = R\$88,247); infliximab 3 mg/kg every 4 weeks (INF.3/4 = R\$80,104); and infliximab 3 mg/kg every 8 weeks (INF.3/8 = R\$47,809). However, assuming INF.3/4 as the average dosing schedule, ETA shows lower average cost-effectiveness (C/E) ratios for ACR20: (ETA) R\$124,291 vs. (INF.3/4) R\$160,209; ACR50: (ETA) R\$226,273 vs. (INF.3/4) R\$276,222; and ACR70: (ETA) R\$588,310 vs. (INF.3/4) R\$728,222. Etanercept offers favorable C/E ratios in 3 out of 4 scenarios for each ACR response. This was confirmed by a one-way sensitivity analysis applying a 10% variance in either prices or in ACR responses. The incremental cost-effectiveness ratio ranged from R\$38,772 to R\$203,522 for ETA relative to INF.3/4. **CONCLUSIONS:** Findings suggest etanercept as a competitive cost-effectiveness therapy. Etanercept performs better especially when it is compared with the intermediate/high dosages per kilo of infliximab.

PAR2

ZOLEDRONIC ACID IN THE LONG-TERM MANAGEMENT OF PAGET'S DISEASE OF THE BONE IN GERMANY—A COST-SAVING APPROACH?

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OBJECTIVE: To assess the cost-effectiveness of a single intravenous dose of zoledronic acid 5 mg (ZOL) compared to a daily regimen of oral risedronate 30 mg (RIS) over 2 months in the long-term (2-year) management of Paget's disease of the bone (PDB) in Germany. **METHODS:** A model-based incremental cost-effectiveness analysis was conducted over four half-year cycles. Clinical efficacy was reflected in four health states: response, non-response, relapse, no-relapse. Response was defined as normalization of the serum alkaline phosphatase (SAP) value after 6 months. Relapse was defined as an increase in SAP of at least 50% from the value at 6 months and at least 1.25 times the upper normal limit. Retreatment was assumed in case of non-response or relapse. Efficacy data were obtained from two 6-month randomized clinical trials which compared ZOL with RIS in patients with PDB. Relapse data were obtained from the extended observation phase of the trial, in which SAP was measured at 6-monthly intervals to determine whether patients were still in response. The analysis was conducted from the German payers' perspective. Only direct health care costs such as those for physician visits, SAP measurement and drug administration were considered. Cost data were derived from published sources for the year 2006. Costs and effects in the second year were discounted by 5%. A probabilistic sensitivity analysis (PSA) was performed to investigate the robustness of the results. **RESULTS:** Due to more responders and longer remission, treatment with ZOL resulted in an incremental of 6.2 months in response and a cost saving of 243 € over 2 years compared to RIS. The results of the PSA indicated that ZOL was more effective and cost-saving with 100% certainty. **CONCLUSION:** ZOL presents a dominant treatment option in the long-term management of PDB indicating superior effectiveness at a lower cost.